

AUG 09 2010

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FACSIMILE COVER SHEET**TO:** Examiner: Vu B. Hang**FROM:** Michael K. O'Neill**RE:** U.S. Application No. 10/763,214
Attorney Docket No. 03630.000178.1**FAX NO.:** (571) 273-8300**DATE:** August 9, 2010**NO. OF PAGES:**
(including cover page)**TIME:****SENT BY:****MESSAGE**

Attached are the following papers for the above-identified application:

1. Amendment;
2. Transmittal for Amendment;

I hereby certify that this correspondence is being transmitted via facsimile
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Registration No. 32,622

Name of Attorney for Applicant

Signature

August 9, 2010

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AUG 09 2010

In re Application of:

Docket No. : 03630.000178.1

TIMOTHY KOHLER, et al.

Application No.: 10/763,214

Examiner: Vu B. Hang

Filed: January 26, 2004

Group Art Unit: 2625

For:

Date: August 9, 2010

CAPABILITY NEGOTIATION BETWEEN PRINTER
AND TARGET DEVICE

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.



No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	*20	MINUS	**76	=0	x \$26 \$52	
INDEP. CLAIMS	*4	MINUS	***4	=0	x \$110 \$220	
Fee for Multiple Dependent claims \$195°/\$390						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

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Michael K. O'Neill

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(Name of Attorney for Applicant)



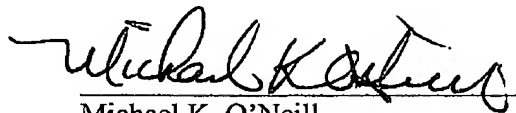
Signature

August 9, 2010

Date of Signature

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Michael K. O'Neill
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